



Department of Employment and Economic Development

Office of Diversity and Equal Opportunity

Complaint Form

Customer or Employee

No one will be denied the opportunity to participate in any DEED program, activity or service, or in any other employment activity based on race, color, creed, marital status, status with regard to public assistance, disability, genetic information, sexual orientation, age, religion, national origin, sex, or membership in a local human rights commission. If you think you have been subjected to discrimination under a DEED program or activity, or in the employment process, you may file a complaint with DEED's Office of Diversity and Equal Opportunity (ODEO). You may use this complaint form and mail, email, or fax to Office of Diversity and Equal Opportunity, First National Bank Bldg., Suite E200, 332 Minnesota Street, St. Paul, MN 55101-1351, karenlilledahl@state.mn.us. Phone: 651-259-7089, TTY: 651-296-3900, Fax 651-297-5343.

1. Information about the Complainant (person filing the complaint)

Name _____

Address _____

Email _____

Phone: ☐ Cell _____ ☐ Home _____ ☐ Work _____

☐ Customer ☐ Employee

☐ Program or Service _____ ☐ Location _____

2. Information about the Primary Respondent (person against whom you are filing the complaint)

Name _____ Job Title _____

Program/Division _____

Location _____ Work Phone _____

Name of any Secondary Respondents involved in your complaint _____

3. Information about the Complaint

(a) I believe I was discriminated against because of my: (check all that apply)

____ Race ____ Color ____ Religion ____ Disability ____ Marital Status ____ Sex

____ National Origin ____ Reliance on Public Assistance ____ Sexual Orientation Information

____ Age ____ Sexual Harassment ____ Genetic Information ____ Retaliation

____ Membership/activity in a local commission ____ Other

(b) Describe how you have been discriminated against or harassed. Give the names, dates, places and all of the pertinent information. Be as specific as you can. Use additional paper if needed.

4. Witness(es)

Name

Work Location/Phone

- 1) _____
- 2) _____
- 3) _____
- 4) _____

What steps, if any, have you taken to resolve this matter? _____

List the person (s) you contacted to attempt to resolve this matter. _____

What resolution are you seeking? _____

If you filed this complaint with another organization, please give the name of the organization:

The complaint is being filed based on my honest belief that I have been discriminated against or harassed. I hereby certify that the information I have provided relative to my complaint is true, correct and complete to the best of my knowledge and belief.

Signed _____ Dated _____

Received by _____

This material is available in alternative formats for individuals with disabilities by calling 612-555-5550 (voice) or via their preferred Telecommunications Relay Service.